

STATE PLAN FOR MEDICAL ASSISTANCE
UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>(Continued)</p> <p>12. d. Eyeglasses</p> <p><i>See Page 9-2</i></p>	<p>e. Visual training sessions which do not include orthoptic treatment;</p> <p>f. Routine adjustments.</p> <p>5. Billing time limitations:</p> <p>a. The Department may not reimburse the claims received by the Program for payment more than 6 months after the date of service.</p> <p>b. Medicare Claims. For any claim initially submitted to Medicare and for which services have been:</p> <p>(i) Approved, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later; and</p> <p>(ii) Denied, requests for reimbursement shall be submitted and received by the Program within 6 months of the date of service or 60 days from the Medicare remittance date, as shown on the Explanation of Medicare Benefits, whichever is later.</p> <p>c. A claim for services provided on different dates and submitted on a single form shall be paid only if it is received by the Program within 6 months of the earliest date of service.</p> <p>d. A claim which is rejected for payment due to improper completion or incomplete information shall be paid only if it is properly completed, resubmitted, and received by the Program within the original 6 month period, or within 60 days of rejection, whichever is later.</p> <p>e. Claims submitted after the time limitations because of a retroactive eligibility determination shall be considered for payment if received by the Program within 6 months of the date on which eligibility was determined.</p>

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PROGRAM

LIMITATIONS

Services that require
preauthorization

A. The following services require preauthorization:

1. All eye examinations;
2. Eyeglasses;
3. Contact lenses;
4. Sub-normal vision aid examination and fitting;
5. Orthoptic treatment sessions;
6. Plastic lenses costing more than equivalent glass lenses unless there are six or more diopters of spherical correction or three or more diopters of astigmatic correction;
7. Progress evaluations;
8. Absorbative lenses, except cataract;
9. Ophthalmic lenses or optical aids when the diopter correction is less than:
 - a. -0.50 D. sphere for myopia in the weakest meridian,
 - b. +0.75 D. sphere for hyperopia in the weakest meridian,
 - c. +0.75 D. additional for presbyopia,
 - d. +0.75 D. cylinder for astigmatism,
 - e. A change in axis of 5° for cylinders of 1.00 diopter or more,
 - f. A total of 4^Δ (prism diopters) lateral or a total of 14 vertical.

B. Preauthorization is issued when:

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12.D. Eyeglasses	<ol style="list-style-type: none">1. Program procedures are met;2. Program limitations are met;3. The provider submits to the Department adequate documentation demonstrating that the service to be preauthorized is necessary and appropriate ("necessary" means directly related to diagnostic, preventative, curative, palliative, or rehabilitation treatment; "appropriate" means an effective service that can be provided, taking into consideration the particular circumstances of the recipient and the relative cost of any services which could be used to the same purpose). <p>C. Preauthorization is valid only for services rendered or initiated within 60 days of the date issued.</p> <p>D. Preauthorization normally required by the Program is waived when the service is covered and approved by Medicare. However, if the entire or any part of a claim is rejected by Medicare, and the claim is referred to the Program for payment, payment will be made for services covered by the Program only if authorization for those services has been obtained before billing. Non-Medicare claims require preauthorization according to §§A-C.</p>

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- STATE OF MARYLAND

PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	A. - Services are to be delivered by programs organized to provide intensive assertive mental health treatment on or off site and are to be limited to: psychiatric evaluation, diagnosis, and treatment; medication prescribing, medication administration, and medication monitoring; interactive therapies (i.e., individual and group therapy); crisis intervention/emergency services; psychological services; individual treatment planning; health promotion and training; coordination and linkage of the services identified in the patient's individual treatment plan; and independent living skills assessment and training;
d. Rehabilitation Services	B. - Service delivery is limited to the following qualified staff:
I. Mobile Treatment Program	1. A Program Director who: (a) Is a mental health professional, and (b) Has at least 3 years of relevant education and experience, including at least 1 year of experience working with adults with serious and persistent mental illness;
	2. A Psychiatrist who: is licensed under the provisions of Health Occupations Article, Title 14, Annotated Code of Maryland;
	3. At least one Social Worker who: is licensed under the provisions of Health Occupations Article, Title 19, Annotated Code of Maryland;
	4. A Registered Nurse who: is licensed under the provisions of Health Occupations Article, Title 8, Annotated Code of Maryland; and

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STATE OF MARYLAND

PROGRAM	LIMITATIONS
<p>13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.</p> <p>d. Rehabilitation Services</p> <p>I. Mobile Treatment Program</p> <p>(Continued)</p>	<p>5. At least one Mental Health Professional which is defined in State regulations as</p> <p>(a) A psychiatrist, or</p> <p>(b) A third or fourth year resident in an accredited program in psychiatry, if the resident is employed by the MTS program, and supervised by the MTS psychiatrist, or</p> <p>(c) An individual with at least:</p> <p>(i) a master's degree and clinical training in an accepted mental health field, and</p> <p>(ii) 1 year of experience working with:</p> <p>Adults with serious and persistent illness, or</p> <p>If the MTS program serves children, children with serious emotional disturbance.</p> <p>6. Additional Staff. As needed, based on the number of individuals served, a provider of MTS may include on the MTS staff direct service providers who meet, at a minimum, one of the following educational and experience requirements:</p> <p>(a) A master's degree in a mental health related field;</p> <p>(b) A bachelor's degree in a mental health related field from an accredited university or college and at least one year of experience working in a mental health field, or</p> <p>(c) An associate's degree in a mental health field.</p> <p>C. - Providers of Mobile Treatment Services are limited to those that are organized to deliver mobile treatment services and which are able to comply with regulations established by the Single State Agency.</p>

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services I. Mobile Treatment Program (Continued)	D. - Services must be determined by a physician to be medically necessary and must be supported by an individual treatment plan. E. - Vocational counseling, vocational training at a classroom or job site, and academic/remedial educational services are not reimbursable. F. - Services provided to or for the primary benefit of individuals other than the eligible client are not reimbursable. G. - Services delivered by telephone are not reimbursable. H. - Services provided in an Institution for Mental Disease are not reimbursable. I. - Services do not include: 1. Investigational and experimental drugs and procedures; 2. Those denied by Medicare as not medically justified; 3. Rehabilitation services provided to HMO-MA enrollees as set forth in COMAR 10.09.16 Establishment, Operation, and Authority for Health Maintenance Organization--Medical Assistance; 4. Rehabilitation services provided to hospital inpatients; 5. Rehabilitation visits solely for the purpose of either or both of the following: a. Prescription, drug or supply pick-up, or collection of laboratory specimens; or b. Interpretation of laboratory tests or panels;

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan. d. Rehabilitation Services I. Mobile Treatment Program (Continued)	6. Injections and visits solely for the administration of injections, unless medical necessity and the recipient's inability to take appropriate oral medications are documented in the patient's medical record; and 7. Separate reimbursement to any employee of a - rehabilitation services program for services provided through a rehabilitation services program when the rehabilitation services program has been reimbursed directly.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	A. - Services are to be delivered on site or off site and are to be limited to: psychiatric assessment, diagnosis, and treatment, medication prescribing, individual treatment planning and review, interactive therapies (individual, family, and group), health promotion and training, 24-hour on-call response system, discharge planning, and crisis services and crisis intervention.
d. Rehabilitation Services	B. - Service delivery is limited to the following qualified staff:
II. Community Mental Health Program	1. At least one Mental Health Professional which is defined in State regulations as <ol style="list-style-type: none">A psychiatrist, orA third or fourth year resident in an accredited program in psychiatry, if the resident is employed by the CMHP program, and supervised by the CMHP psychiatristAn individual with at least:<ol style="list-style-type: none">a master's degree and clinical training in an accepted mental health field which includes at least one individual from the following disciplines a) Nursing, b) Psychology, or c) Social Work.
	2. Medical Director - is a physician who is identified by the Board of Physicians Quality Assurance as a psychiatrist.
	3. Direct Service Staff - mental health personnel supervised by a mental health professional with, at a minimum, a high school equivalency diploma and sufficient qualifications, knowledge, and experience to perform the assigned tasks.

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	C. - Providers of Community Mental Health Programs are limited to those that are organized to deliver community mental health treatment services and which are able to comply with regulations established by the Single State Agency.
d. Rehabilitation Services	D. - Services must be determined by a physician to be medically necessary and must be supported by an individual treatment plan.
II. Community Mental Health Program (Continued)	E. - Vocational counseling, vocational training at a classroom or job site, and academic/remedial educational services are not reimbursable.
	F. - Services provided to or for the primary benefit of individuals other than the eligible client are not reimbursable.
	G. - Case Management services are not reimbursable.
	H. - Services delivered by telephone are not reimbursable.
	I. - Services provided in an Institution for Mental Disease are not reimbursable.
	J. - Services do not include:
	1. Investigational and experimental drugs and procedures;
	2. Those denied by Medicare as not medically justified;
	3. Rehabilitation services provided to HMO-MA enrollees as set forth in COMAR 10.09.16 Establishment, Operation, and Authority for Health Maintenance Organization--Medical Assistance;
	4. Rehabilitation services provided to hospital inpatients;

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PROGRAM	LIMITATIONS
13. Other diagnostic, screening, preventive, & i.e., other than those provided elsewhere in this plan.	5. Rehabilitation visits solely for the purpose of either or both of the following: a. Prescription, drug or supply pick-up, or collection of laboratory specimens; or b. Interpretation of laboratory tests or panels;
d. Rehabilitation Services	6. Injections and visits solely for the administration of injections, unless medical necessity and the recipient's inability to take appropriate oral medications are documented in the patient's medical record; and
II. Community Mental Health Program (Continued)	7. Separate reimbursement to any employee of a rehabilitation services program for services provided through a rehabilitation services program when the rehabilitation services program has been reimbursed directly.

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